

Housing Program Referral Form

Woodstock

Ingersoll

Tillsonburg

Referred by:	Contact Info:	Date:
Agency:	Follow up to the referral source required Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes please attach consent)</i>	Received:
First Name:	Last Name:	Phone Number: Text Message? Yes No
DOB (M/D/Y):	Gender:	RGI Application Complete Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Address:		
SOI: <input type="checkbox"/> OW <input type="checkbox"/> ODSP <input type="checkbox"/> EI <input type="checkbox"/> Part Time Work <input type="checkbox"/> Full Time Work	<input type="checkbox"/> CPP/CPD <input type="checkbox"/> OAS <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Child Tax	Case Worker: Consent: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes please attach consent)</i> Total Monthly Income: Total budget for housing:
Email Address:	Would you like to be added to the weekly vacancy email: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Referral Reason: <input type="checkbox"/> Eviction Notice Received <input type="checkbox"/> Moved into new housing within the last 3 months <input type="checkbox"/> Transitional Housing Application <input type="checkbox"/> RGI Housing tenant in need of Housing Stability	Notes:
Housing Worker:	
Added to the By-Name List? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Completed referrals can be sent to: dmcdonald@oxhc.ca / (F) 519-539-9111